DELIVERET LESISLATIVE RESILIONE SOLATI

UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	CARRAT -4 AM 9: 4 Page 1 of _/ LS. HOUSE OF REPRESENTATIVES (Office Use Only)
Name: Try Gowdy	Daytime Telephone:	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State:	Officer or Employing Office:	e: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT Solid Annual (Due: May 15, 2017)	Amendment Termination Date of Terr	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS	
A Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No Source during the reporting period?	pendent child receive any \$375 in value from a single Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No R. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	pendent child receive any sor travel totaling more than Yes No No Suring the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organization make a lieu of paying you for a speech, appearance reporting period?	tion make a donation to chanty in Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CORRESP	ONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	IT, OR TRUST INFORMATION - ANSWER EACH OF	OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an init contact the Committee on Ethics for further guidance.	as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this	es" to this question, please Yes No 🔀
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be differn this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other *excepted trusts* need not be d	sclosed. Have you excluded Yes No Y
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your depending three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	arned" income, transactions, or liabilities of a spouse or your dependent chi onsulted with the Committee on Ethics.	ndent child because they meet Yes . No 💢

SCHEDULE A - ASSETS & "UNEARNED INCOME

ITO INCOME.	
Name: Tray Goody	
Page 2 of 7	

74 N.A.	1	I	l	١		إ		1	ļ	ı	ı	ı	I	1	ı	ı	ı			Ί		ı						1	I	I	I		2 225
Assets and/or income Sources					<	Value of Asset	Te of A	1550	*								Ţ	8 9	of ho	Type of Income	•				}	, a	Amount of Income	풀)me	-			Transaction
identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, at the		3 6	Indicate value of asset at close of the reporting period it you use a valuation method other than fair market value, please specify the method used	i asso Jother	§ 11	asset at close of the reporting penod if you use a other than fair market value, please specify the method	ž y	value P	or o	\$ 5 5 6	5, =t		100 E		Check all columns that apply, generate lax-defented income (su 529 accounts), you may check the property of the check that the		y 3 3	3 2 2	9 9	Ç.		100	3 7 8	10 T	Tong X	y of a	230	\$ L	Defen Defen	asset appaid	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	For assets for which you checked "Tax-Defemed" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.	T . =
		1 25	If an asset was said during the reporting period and is included only because it generated income, the value should be "None" "Column M is for assets held by your spouse or dependent child in which	1 20	Conne	D 170	a spo	See See	de de	None	2 '5	d in w	9 3		9 7		2 E		d CCOU		If reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.	must be a	ğ 8	Chec	No.	3 3	O Inc	2	5 E	Dec 1	9 € 9 €	must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated.	
Provide complete names of stocks and mutual funds (do not use only ticker symbols)		hav	you have no interest	<u> </u>																		\$ C	yo. Eren	i ta fo	100 t	"Column XII is for assets held in which you have no increst.	~ 6 9	R B	DOU'S C	₹	pend.	"Column XII is for assets held by your spouse or dependent child in which you have no incerest.	
For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in		1	1	1	1	ł	1	1	i	1	i	1	i		i	1	i	1	l			•		1	ļ	1	Į	l	l	ł	ł	l	on asset was sold.
the account that exceeds the reporting thresholds.	>	8	0	0	Б	*	ဂ	1	-	ı,	,	-	E									_	_	2	2	<	<u>≤</u>	<u> </u>	ā	2	×	Ä	follows: (S (part))
For bank and other cash accounts, lotal the amount in all interest-bearing accounts. If the four is over \$5,000, just every financial institution where there is more than \$1,000 in interest-bearing accounts.												•																.			• "		Leave this column blank if there are no transactions that exceeded \$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.					······································	· · · · · · · · · · · · · · · · · · ·													***************************************														
For an ownership interest in a physioly-held business that is not publicly traded, state the name of the business. The nature of its activities, and its geographic location in Block A.						· · · · · · · · · · · · · · · · · · ·					· •••		······																				
Exclude: Your personal residence, including second homes and vacabon homes (unless there was rental income during the reporting period), and any financial inferest in, or income detried from a federal retirement program including the Thirk Savings Plan.												······································								· · · · · · · · · · · · · · · · · · ·	Farm Income)											1,900,000*	
If you have a privalely-traded fund that is an Excepted investment Fund, please check the "EIF" box.									-				09.000*								rcome or f											me over \$	
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left.			000	0,000	00,000	250,000	500.000	000,000,1	\$5,000,000	\$25,000,000	-\$50,000,000	000,00	Asset over \$1,0		;	, w	·	AIN\$	BLIND TRUST	RED	of Income g , Partnership In											Asset with Incor	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet	None	\$1-\$1.000	\$1,001-\$15	\$15,001-\$5	\$50,001-\$10	\$100,001-\$3	\$250.001-\$	\$500,001-\$	\$1,000,001-	\$5,000,001-	\$25 000,00	Over \$50,00	Spouse DC	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL G	EXCEPTED	TAX-DEFE	Other Type (Specify e	None	\$1-\$200	\$201-\$1,00	\$1.001-\$2,5	\$2,501-\$5.0	\$5,001-\$15	\$15,001-\$5	\$50 001-\$1	\$100,001-\$	Over \$5,000		P, S, S(part), or E
95. აგ ირმი და გადი <u>გა</u> მან				,	×		· ·		·		:	•			*				,					<u> </u>	×					 			tredis
Eramples:			apulaturi	#																	Royathes			×									
ABC Hedge Fund						\Box	>= {		H				-					\vdash			Parhersha Income		<u> </u>		L.,	×					<u> </u>		:
Se Retirement System							×										$\overline{\times}$		_				\Box				×						
	j		.		3		-		-				1			Ì					40								_				
															П			П					Ш			<u> </u>	_			_		_	
						1						İ		1								1_			ļ	ļ			H	<u> </u>	-	\vdash	
						1	1			-		1		 	 	\vdash	十	\dagger	╁	t^-		<u> </u>	<u> </u>	<u> </u>	 	<u> </u>	\vdash	ļ	1	\vdash	+	\vdash	
						 	厂					<u> </u>						 				<u> </u>	<u> </u>	<u></u>	<u></u>	<u> </u>	<u> </u>	 		\vdash	<u> </u>	_	

SCHEDULE C - EARNED INCOME

Name: Try bowdy Page 9

Amount	Type	Solve dela del control de la c
\$27,495. The 2017 limit is \$27,765.	ted at or above the "senior staff" rate was ry relationship) are totally prohibited.	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765, In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
	Social Security Act.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
reporting period. For a spouse, list	mment) totaling \$200 or more during the below.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

te source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
XCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
NCOME LIMITS and PROMIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,495. The 2017 limit is \$27,765.
addition certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

In addition, certain types of income (notably honorana, director's fees, and payments for professional services involving a following a following and come of the services involving a following and come of the services involved and come of	y relationship) are totally promotest.	
Source (include date of receipt for honoraria)	Туре	Amount
Koone State	Approved Teaching Fee	\$6,000
Typmolec: Site of Manyland	Legislative Pergion	\$18,000
Ortario County Board of Education	Spouse Salary	NIA
Spartenburg County School District 6	Spouse Salary	38, 175
Se Judges - Solicitors Retirement System	Solicitors Pension	100,319

SCHEDULE D - LIABILITIES

	Name: Truy Gowary	
The state of the s	Page 4 of 7	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

	۵-	~				₽		
	20	<u>کر</u>				У. 86		
	5///.	Sellic	313 \$ 1	7 £ S1 SI	Example			
	Sullic Mac	Sallie Mac		7	First Bank of Wiknington, DE	Creditor		
,	08/15	21/80	04/04	05/04	5/98	Date Liability Incurred MO/YR		
	Student cour	Student Loca	ed Spartagers Sc	of Je Judges & Solizitors Retrieved	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
				X		\$15,001- \$50,000	•	
	X					\$50,001- \$190,000	ი	
		×			×	\$100,001- \$250,000	9	
			×			\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	71	of L
	- 7-					\$1,000,001- \$5,000,000	G	ability
						\$5,000,001- \$25,000,000	*	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	-	
						Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position	· Control ingra in any resignment, comment, instrument, or personnel or
			Name of Organization	1 College of the Coll

SCHEDULE F - AGREEMENTS

Name: Trey C	
Gowdy	
Page S of	

ms of any agreement or arrangement that you have with	3
ms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: Try Gowdy
of government service;	Page S of 7

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future er continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing part employer.

amproyan.	A Company of the Comp	
Date	Parties to Agreement	Terms of Agreement
12/10	Muself + the state of South Carolina	Continued participation in the state person program.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude:
Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

01 01 00 01 10	So closed live be acced towe	or o	OF STATE OF HEAD HAVE BEING THE STATE OF THE SHEET HE SHEET HE SHEET HE SHEET HE STATE OF THE ST	
	Source		Description	Value
Example:	Mr. Joseph Smith, Arlington, VA		Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	\v/	/ _M		
	4			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMI

STN
Name: Tru
True Gowdy Page 6
Page 6 of 7

identify the source and list travel timerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

					(TAN)	(10,41)	
1	Government of China (MECEA)		103 BJI	OC-Beyrg, Chris-DC	٧	-≺	z
crampes	Habitat for Humanny (channy fundraiser)		Um 3.4	DC-8cstor-DC	٧	*	٧
	\N	/A					
					5.		
	_		:				

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
5)	!
, bowdy	
Page 7 of	
의 의	
N	

List the source confidential lis	, activity (i.e., speech, appearance, or artid t of charities receiving such payments mus	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	of an event to a charitable organization	in lieu of paying an honoran	ium lo you. A separate
	Source	Irce	Activity	Date	Amount
Evamoles:	Association of American Associations, Washington, DC	Washington, DC	Speech	Feb. 2, 2016	\$2,000
	XYZ Magazine		Singe	7wg. 15, 2010	3,000
	2/14	***			
	,				
	_				